

The APPPAH Newsletter

News From the First Frontier: Conception To Birth

Official Bulletin of the Association for Prenatal & Perinatal Psychology & Health, Summer 2010

Prenatal Bonding (Bindungsanalyse by Raffai)*: An Introduction

By Gerhard Schroth, MD

Gerhard Schroth's material generated tremendous interest at last year's Congress, and inspired Michael Trout to sponsor the first US Prenatal Bonding training this spring at the Infant-Parent Institute in Illinois. Dr. Schroth will be at Asilomar again this year, and meanwhile, here is an excerpted version of an article currently in the review process for the APPPAH Journal. –Ed.

ABSTRACT: Prenatal Bonding (Bindungsanalyse by Raffai) provides the possibility of creating an intense bonding between mother and fetus, of being witness to the development of the fetus in the womb, to realize early prenatal traumas as well to have the chance for immediate healing. In this respect the method is at the same time an instrument of pre- and perinatal research, an empowerment of bonding between mother and fetus and a great help for giving birth much more easily. After birth the baby has a remarkable degree of self-esteem and full access to its personal potential.

THE INCEPTION OF PRENATAL BONDING (BA) – Prenatal Bonding (BA) had its origin in the early 1990s, when Jenő Raffai, Hungary did psychoanalytic basic research with young schizophrenic patients. During his treatments he observed a special psychodynamic constellation, namely a lack of inner boundaries between the patients and their mothers in early childhood, creating confusion about reality. Jenő Raffai subsequently assumed that schizophrenia has its roots in gestation, if inner boundaries between mother and fetus are not well established. This creates a distortion of reality, so perceptions and the sense of self become confused. Raffai subsequently developed a preventive method which helped mothers set and experience inner boundaries between themselves and their unborn babies.

THE METHOD OF PRENATAL BONDING (BA) – Prenatal Bonding (BA) starts normally at about the 20th week of pregnancy. The following setting is required: The pregnant woman lies on a comfortable couch in a relaxed position with the intention to focus on her inner perceptions. Sessions start with a deep relaxation process, centering on awareness of breathing, body feelings and emotions while the eyes are closed. By focussing on her awareness the facilitator helps the woman to come into contact with more and more images, as we know from our dreams. Images are seen to be symbolizations of words, body feelings and emotions. The process begins by honouring the uterus as a conscious organ – the mother asks the uterus for permission to access the baby, so mother and baby can communicate. Raffai implies that the uterus has an organic wisdom and intelligence. Gradually the images become more frequent, creating a flow of information and communication between the mother and the unborn and this creates the “umbilical cord of both souls.” Mothers find out how their babies are developing, what they are feeling and needing, even about things that might be threatening or dangerous. It is much easier and more impressive for mothers, as well as less expensive, less invasive and less dangerous for babies to gain information this way, as compared to ultrasound or medical tests.

IMPROVEMENTS IN THE PREGNANCY – Raffai recommends that the pregnancy and the development of the baby have a better outcome if a differentiated inner separation between the pregnant woman and her own mother has taken place. The growth of the pregnant woman from the role of the “daughter of her mother” to the “mother of her baby” means a healthy separation that supports the competence of the expectant mother. Prior to birth a second process of separation between the pregnant woman and the unborn baby is important for a natural and easy birth. It is facilitated by a number of explicit steps. For example, the unborn is invited to say goodbye to the intrauterine world of his mother. Then the mother shows the baby the environment the parents will live in with the baby as well as the persons who will welcome the newborn baby

[See “Prenatal Bonding,” continued on pg. 3]

Letter from the President

Dear APPPAH Members and Nonmembers,

I'd like to be the first to welcome you to the 2010 APPPAH Congress at Asilomar Conference Grounds, November 11-14, with separate day-long workshops before and after. The Congress program is unique, perhaps the most unique ever, but so is the location, APPPAH's second Congress at Asilomar, also referred to as the "Refuge by the Sea."

It's a special place. As a child, I went there for special kids' outings, often staying overnight. As an adult, I've gone there for personal retreats, and for sacred time with family and friends. It has never failed me. The quiet, peaceful, and spacious beauty makes it a perfect place for personal time, but also for time to commune and network with others. The square mile of woods, beaches, forests, meadows, and trails, along with comfortable and intimate meeting rooms, creates the perfect conditions for a conference, and allows participants to inspire and be inspired, and to grow personally and professionally. Come before and after the Congress for workshops led by worldwide experts. Some are for professional growth and provide CEUs, and others are for personal growth. You'll find workshop descriptions in this newsletter issue; to read about presentations, go to the all-new www.birthpsychology.com/ and click on the "2010 International Congress" link. To "meet" all the presenters and workshop leaders, click on "All Faculty."



The Congress has a unique group of presenters, bringing doctoral students and recent graduates in prenatal and perinatal psychology to the Congress program. About one third (nine) of the presenters are in this group, including Aurelie Athan (Teachers College of Columbia University), Korenna Barto (the University of Akron), Peggy Phillips (Santa Barbara Graduate Institute, aka SBGI), and Gina Ray (Pacifica Graduate Institute). Five recent doctoral graduates are also presenting at the Congress, including Becky Brittain-Hicks, Ph.D., Jeanette Sawyer Cohen, Ph.D., Karin Kushniruk, Ph.D., R.N., Patricia Lucas, Ph.D., and Claire Winstone, Ph.D. All are graduates of SBGI except for Dr. Cohen, who is from Columbia University. I welcome all of these recent graduates, and am eager to learn from them.

In an effort to celebrate our relationship with ISPPPM, our twin organization in Europe, and with the international community, nine international experts are presenting. There are three from Germany (Rupert Linder, Christof Plothe, & Gerhard Schroth), two from Canada (Mia Kalif & Thomas Verny), and one each from Ireland (Benig Mauger), England (Althea Hayton), Australia (Gregg LaHood), and France (Julie Gerland). I'd be less than honest if I didn't say that collectively, the material they are presenting is inspiring, even mind-bending, with strong implications for the prevention of trauma, and for science in action.

Another exciting feature of the Congress is its focus on science, and in particular, on the need to unite science with the heart, personal experience, and action. In my next newsletter, I'll feature other speakers and workshops.

I look forward to seeing you there!

In your service,
William R. Emerson
APPPAH President

["Prenatal Bonding," continued from pg. 1]

after birth. Next, the mother and baby speak separately about their experiences during the pregnancy. The story the mother tells is partly or sometimes completely different to the story the baby tells. This makes it clear that the baby has its own mind, perceptions and experiences and makes its own decisions. As a last step giving birth itself is simulated in a "final rehearsal" as mental training, and post-birth procedures are explained. . . . Depending on the starting point about 20 to 30 sessions are needed for the whole process.

THE IMPORTANCE OF THE FATHER – The important role the father has in the process of Prenatal Bonding (BA) should also be emphasized. The research of Prenatal Bonding (BA) has proven that the unborn is aware of the father and significant others as well. So the father also has the chance for an early bonding with the unborn. He is important to the unborn baby right from the beginning and his role is to provide a "social womb" for his pregnant wife. This means creating a safe space for the pregnancy, allowing the mother to encounter the extensive changes in her womb and body and widespread changes in her life. The father is encouraged to attend as many sessions as possible. In addition, he is invited to contact and communicate with the baby at home by singing lullabies, telling fairy tales, reading poetry and holding or touching the womb every day.

10 COMMON RESULTS OF PRENATAL BONDING (BA)

1. The mother's inner perceptions are well attuned to her pregnancy and the unborn. She has access to her own as well as to her baby's wisdom.
2. Her natural female capabilities are empowered by Prenatal Bonding (BA) and create greater assertiveness and security during childbirth.
3. Mother and baby become a good team and experience less anxiety and pain.
4. There is less effort in giving birth and fewer complications.
5. The need for obstetrical interventions goes down significantly.
6. Caesarean sections were reduced to about 6% in Hungary with Prenatal Bonding (BA), as \ compared to the norm of 30% and more. Thus birth is safer and less costly.
7. Of 1200 pregnancies treated by Raffai premature birth rates were lower than 0.1 percent as compared to an average of more than 8%.
8. Birth trauma is of low degree as indicated by natural, round shaped heads and little crying after birth (typically less than 20 minutes per day).
9. The babies are curious about the world, emotionally stable, socially mature and have complete access to their personal potential.
10. There is less sleeping during daytime, but longer and deeper sleep at night, with few awakenings, so parents suffer less from sleep disorders.



Spreading the APPPAH News

In March **Robert Newman** conducted his fifth training in Calm Birth at Overlook Hospital of Atlantic Health in New Jersey. Under the direction of **Christine Novak**, Overlook has become the home center for the meditation-based birth preparation program, Christine was given the Better Baby Award in March 2009 by the March of Dimes for her work in bringing Calm Birth into the medical establishment. Initiated in Southern Oregon hospitals in 1997 and introduced at APPPAH in 2000, Calm Birth has held trainings at more than 100 west coast hospitals, has 48 certified teachers in 16 states, and more than 5000 babies have been born with the method. APPPAH luminaries William Emerson, David Chamberlain and Eva Gundberg serve on Calm Birth's advisory board.

In **Judith Simon Prager's** latest book, *Verbal First Aid: Help Your Kids Heal From Fear and Pain—And Come Out Strong*, she includes material on “prenatal babies” and “premature babies and other infants.” She and co-author Judith Acosta discuss research indicating that they are conscious and listening *in utero*, and that the mother's stress during pregnancy “can manifest in an increased chance of premature birth, reduced birth weight of the baby, reduced motor maturity in infants, sleep disorders in toddlers, unconscious coping and survival skills such as hypervigilance and hyper-reactivity, deficits in regulatory control of behavior during childhood, and psychiatric disorders in adulthood.” They also discuss the Verbal First Aid tools for infants that include talking to the child using “words of love, of safety, of blessing—whether you believe that the baby can understand the precise meaning or not.”

Let's Act: Help Educate Influential TV Docs!

DRS. OZ & ROIZEN MISS OPPORTUNITY IN THEIR BOOK *YOU: HAVING A BABY*

This “call to action” comes from member Norella Hobby, (civilian) director of the New Parent Support Program at Edwards Air Force Base in Southern California. An RN who also has her Certificate in Prenatal and Perinatal Psychology from SBGI, Norella sends this alert about *You: Having a Baby*, by media sensations Mehmet Oz and Michael Roizen: “To stay up-to-date and provide the latest information to my clients, I constantly read/review the new things I can find. I ran across the book on CD in Barnes and Noble. I thought I was hearing things (honestly) so I bought the book to see if I was just hearing things, and there it was in black and white! @#\$\$!”

Exactly *what* was in black and white? In a discussion of circumcision on pg. 274, they declare: “No matter what you decide, know that a local anesthetic is applied, and because of a baby's immature brain development, it appears that he doesn't process pain the same way as we do—so it's not as if circumcision will leave him with a lasting cross-your-legs feeling.” And then there's their discussion of prenatal pain perception, which is technically accurate, but SO incomplete! (<http://ask.doctoroz.com/question/does-fetus-experience-pain>)

Norella's frustration is rightly placed. All over TV and radio, Dr. Oz is the most popularly influential medical doctor of our era, and people listen to him (and his less visible but “perceived as brilliant” cohort Dr. Roizen). They are also (usually) on the leading edge of progressive health information, and actually seem like thoughtful guys. If you feel you have a compelling, reasonable way in which to enlighten the docs about prenatal psychology (i.e., another perspective on fetal pain than “the fetal brain cannot understand these signals or put them into perspective”), visit Dr. Oz's website and fill in the “[What Do You Want To Teach Dr. Oz?](#)” page—go for it!!

Int'l Congress Spotlight On:

David B. Cheek M.D. Memorial Lecture on Psychosomatic Obstetrics

The Directors of APPPAH created the David B. Cheek Memorial Lecture in 1997 to honor an esteemed obstetrician and colleague and to assure that David and his work will be long remembered. Dr. Cheek, who died in Santa Barbara, California, in June 1996 at the age of 84, was a pioneering practitioner and researcher who illuminated the realities of infant consciousness in both prenatal and neonatal life, and invented new approaches to infertility, premature birth, and birth trauma. David was a much-loved and loyal member of APPPAH, served on the Board of Directors for five years, and was a popular speaker at congresses.

Dr. Cheek spent forty years caring for pregnant women and teaching a rapid form of hypnosis to clients, physicians, psychologists, and dentists in the United States and abroad. He served as the 6th President of the American Society of Clinical Hypnosis, and published fifty papers and books that remain milestones in pre- and perinatal psychology and health. In his life and writings, David demonstrated the importance of a psychological approach to the full range of problems associated with reproduction and childbirth.



To present the lecture on psychosomatic obstetrics at the 2010 APPPAH Congress, the Board of Directors has invited **Paul H. Brenner, MD, PhD**. Dr. Brenner was an obstetrician/ gynecologist and surgical oncologist who left his private and academic practice of medicine to counsel individuals with life threatening illness. This led him to become a counseling psychologist. He is presently a psychosocial oncologist at the San Diego Cancer Center and Research Institute. At the research institute, his passion is epigenetics, the science of environmental forces that influence the expression (or non-expression) of particular genes. Dr. Brenner has lectured throughout the world and is the author of two books on pregnancy.

The Things We Don't See That Move The Things We Do See

In this year's Cheek Memorial Lecture, Dr. Brenner will present his thesis that the future of medicine will rely primarily on understanding the psychodynamics of what it is to be human. A significant part of this lecture will be interactive, as Dr. Brenner presents his Emotional Pattern Inventory. He believes this process can reveal unconscious patterns that have the power to either turn a gene on or off, an epigenetic effect. Our emotions, as well as the incessant chatter of our minds, can lead to either the gift of creativity or the curse of illness. These familial patterns begin in the womb or within the earliest years of life. Throughout this presentation case histories will be discussed.

Register Now!

APPPAH's XV International Congress

Embracing the Science of Prenatal and Birth Psychology:

What We Know, How We Know It

November 11-14, 2010

Asilomar Conference Grounds, Pacific Grove, California

Congress Website

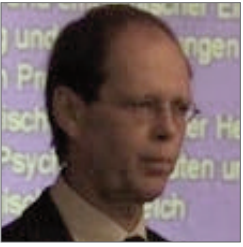
Int'l Congress Spotlight On:

Pre-Congress Workshops – Thursday, November 11

Full Day: 1:30 – 7:00pm Half Day: 1:30 – 4:30 pm

Methodological Levels in Pre- and Perinatal Psychology and Medicine (Full day)

Rupert Linder, MD



It has been possible to acquire in very different methodological ways extensive insight into the relationship between prenatal and perinatal experiences and the course of later development, as well as the possibilities of therapeutic and prophylactic intervention. This great diversity of methods, however, makes communication a challenge, especially with colleagues in medicine, psychology and psychotherapy who are oriented to academic concepts of science. One-sided restrictions at the methodological level hold dangerous problems and decisively limit the quality of treatment and prevention and the validity of results. The importance in the field of obstetrics will be emphasized.

The Soul's Cord – A Method for Encountering the Unborn: Introductory Workshop to Prenatal Bonding (Full day)

Gerhard Schroth, MD



Presented is a new strategy from European Psychoanalysis for facilitating both bonding and differentiation with the prenat. The method empowers mother-fetus bonding and shows profound effects in improving the birth experience. Effects include far lower rates of premature delivery and cesarean section, a reduction in birth anxieties, pain, birth trauma and infant crying following birth, and a decrease in maternal postpartum depression. The method is at the same time an instrument of prenatal and perinatal research. After birth the baby has a remarkable degree of self-esteem and full access to its personal potential.

Unresolved Birth: Mothers, Babies & Dads - Healing and Transforming at Any Age with Energy Psychology (Full day)

Wendy Anne McCarty, PhD



Unresolved birth experiences can leave a cascade of symptoms and constrictive-to-disabling life-patterns that diminish human potential and the parent-child relationship in subtle or profound ways for years. Dr. McCarty weaves prenatal and perinatal understandings and energy psychology healing modalities (EFT, TAT, more) to work effectively and efficiently with unresolved birth. Participants learn the essentials to identify unresolved birth in mother/dad and baby at various stages of life and experience healing their own unresolved birth using these tools. These approaches can be incorporated into any PPN and healing practice and are readily taught to families.

Healing from Within – Birth Workshop (Full day)

Benig Mauger



Soul and family patterns are transmitted to us in the womb, our parents activate our inner masculine and feminine, and our birth is a formative experience. When we understand this it both heals and frees us. Through myth, music, meditation and simple exercises you will learn about your inner feminine and masculine, uncover your personal birth myth and understand patterns you may be living out of. Though our earliest experiences often diminish our ability to live from our essential self, I will discuss how we can heal early wounds, release and transform soul bonds and recover a sense of inner wholeness and spiritual purpose.

Continued next page....

Birth Centered Healing (1/2 day)

Gregg LaHood



An experiential introduction to the practice of Birth-Centered Healing (BCH). We examine what we call 'hot spots' or the leftover wounds, impingements, images, act hungers, fixed gestalts, and frozen feelings around childbirth. Because childbirth is a ritual process and has a way of softening boundaries and opening the psyche which can leave a person vulnerable to a host of impingements. Thus childbirth can leave many women with some form of unfinished (emotional, spiritual, relational or physical) business. In this workshop we will gently dip our toes into a facilitated collaborative inquiry into birth trauma and intentional birth-centered healing.

*Int'l Congress Spotlight On:***Post-Congress Workshops – Sunday, November 14**

Full Day: 1:30 – 7:00pm Half Day: 1:30 – 4:30 pm

Psychospiritual Death and Rebirth: A Visionary Journey (Full day)

Stanislav Grof, MD



In this slide-illustrated workshop, we will explore the process of psychospiritual death and rebirth, using the paintings from depth psychological work with psychedelic substances and Holotropic Breathwork. The understanding of this process and its relation to biological birth and prenatal life is essential for any serious approach to the ritual and spiritual history of humanity – shamanism, rites of passage, healing ceremonies of native cultures, ancient mysteries of death and rebirth, the great religions of the world, and the mystical traditions of all times and countries. The insights will throw new light on artistic creations from ancient times to the modern era.

Helping Women After A Traumatic Childbirth (Full day)

Phyllis Klaus, MS



Events during labor or birth, such as unplanned interventions, serious problems in the mother, physical damage, a sick infant, and separation from the baby, can be classified as traumatic. Major trauma for a woman occurs in childbirth when she has inordinate fear and is in a situation where she has no control. Early trauma can have both immediate and long-range effects on the parents and the infant and may create later in the adult psychological and somatic conditions and a negative self-concept. Perinatal caregivers will learn about the causes and effects of these early traumas as well as some methods to resolve and heal them.

Birth across Cultures: An Evolutionary Perspective (1/2 day)

Robbie Davis-Floyd, PhD



This talk takes an evolutionary perspective on the cultural treatment of human childbirth, exploring cross-cultural birth practices in all six types of human subsistence strategies (hunting-gathering, horticulture, agriculture, pastoralism, industrial society, and the technocracy), noting pre-modern similarities across vast cultural differences, examining the homogenizing effects of modernization, and exploring the possibilities of a postmodern mentality for improving the technocratic treatment of birth.

Continued next page....

Int'l Congress Spotlight On:

Post-Congress Workshops – Sunday, November 14

Welcome Your Baby In With 60 Minutes, Skin-to-Skin: Advocacy Workshop on Newborn Touch (1/2 day)

Jill Chasse, PhD / Rochele Hirsch, MA



This training is APPPAH's effort toward improving the lives of newborns. The topics include research on the decrease in stress between mother and newborn and the benefits of bonding through "skin-to-skin." Also, how to implement this post-birth process in the delivery room, and how to gain the support of the hospital administration. "Skin-to-skin" is defined as mother and baby being together without a blanket between them for 60+ minutes, which includes the delaying of cord clamping and tests (see below)

Become a "Skin-to-Skin" Advocate for APPPAH's

"Welcome Your Baby In With 60 Minutes" Project

And help move the message...

Are you already talking to folks about the value of the "Skin-to-Skin Welcome?" We hope so.

And, to add support and vigor to spreading this message, we will launch our first **APPPAH Skin-to-Skin Advocate Workshop** at the November 2010 Congress at Asilomar. The half-day workshop will take place Sun., 11/14.

If you choose to become a Skin-to-Skin Advocate, we'll equip you with:

- Training on ways to approach different constituent groups
- Support in connecting with different groups directly and/or through conferences
- Web-accessible brochures, collateral material and research data

The Advocate Program can help move our message out to a broad range of people. It will pave the way for successfully implementing practitioner training and the use of this valuable procedure. We intend that our Advocates be prepared to talk with doctors, nurses, hospital administrators, insurance companies, church groups, potential sponsors and the news media.

Presenting the Skin-to-Skin program to others also offers you opportunities to discuss your own work as a practitioner in support of babies, parents, other practitioners and students.

Please fill out our brief online Skin to Skin SURVEY [click here](#). It takes less than 8 minutes! With the information we gather, we'll be ready to organize a team to develop the APPPAH training on Skin-to-Skin procedures (with CEU's).

We invite & appreciate your participation. For questions or comments, please contact:
Rochele Hirsch (Rochele@beforethebehavior.com) or Jill Chasse (baby_counselor@yahoo.com).

MEDIA WATCH

This section of the APPPAH Newsletter is intended to draw attention to items in the news that are pertinent to prenatal and perinatal psychology. APPPAH does not necessarily agree with, or vouch for, the scientific worthiness of any of the news items mentioned here. We mean merely to take note of what is going on, so that you may.

HOME BIRTH RISKS UNDER SCRUTINY IN CONTROVERSIAL NEW STUDY

An international study finds that women who plan home births recover more rapidly from childbirth, but run a greater risk of their child dying. Taking data from more than 500,000 births in North America and Europe, researchers publishing in the *American Journal of Obstetrics and Gynecology* found death rates for babies in planned home births were double that of those in planned hospital births. When researchers controlled for babies with congenital abnormalities, the risk increased to threefold. When deaths occurred among the home birth group, they were overwhelmingly attributed to respiratory problems during birth and failed attempts at resuscitation. Mervi Jokinen of the Royal College of Midwives said the study was interesting, but questioned the validity of its findings for countries like the UK. "Comparison of the results is difficult because the study's authors are working with data collected differently in many countries. Here we have services delivered by midwives who are skilled and experienced at home births and resuscitating newborns." Dr. Michael Klein, an emeritus professor of family practice and pediatrics at the University of British Columbia, put a finer point on it, saying that the researchers' conclusions are "crap" that don't consider the facts. Klein said, "It's a politically motivated study that was motivated by the American College of Obstetrics and Gynecology who is unalterably opposed to home birth, and they probably were quite happy to publish this article because it fits with their political position." University of British Columbia epidemiologist Patricia Janssen said the American study mixes their work with research dating back to the 1970s, and surveys with as few as five recorded births. "The data and the methods taints the quality of the study," Janssen said, noting the review includes studies where the qualifications of the caregiver were not known. [Reported July 2010 by BBC News, <http://news.bbc.co.uk/2/hi/health/10465473.stm>; and CBC News, <http://www.cbc.ca/canada/british-columbia/story/2010/07/02/home-births-safety.html>.]

A NOVEL NEUROBIOLOGICAL MODEL FOR BABY BLUES AND PPD

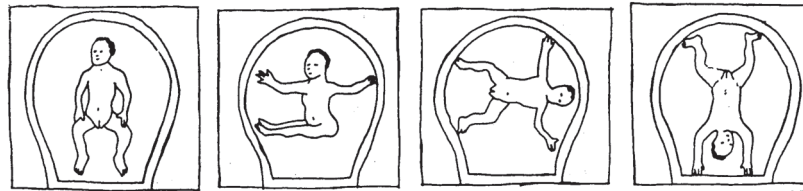
Researchers at the Max Planck Institute for Human Cognitive and Brain Sciences in Germany have demonstrated that proportional to the 100- to 1000-fold drop in estrogen levels in the days following birth, levels of the enzyme monoamine oxidase A (MAO-A) increase dramatically throughout the female brain. The enzyme can be found in higher concentrations in glial cells and monoamine-releasing neurons, where it breaks down the neurotransmitters serotonin, dopamine, and norepinephrine. As well as being responsible for transmitting signals between nerve cells, these neurotransmitters also influence mood. If they are deficient, we initially feel sad, and later have a high risk of becoming depressed. Severe baby blues symptoms can be viewed as a prodromal stage for postpartum depression. From this perspective, researchers, publishing in *Archives of General Psychiatry*, suggest that preventing depressive symptoms in the immediate postpartum period may have powerful impact for prophylaxis of postpartum depression. "Attempts can be made to either lower elevated levels of MAO-A with selected antagonist drugs, or to increase the concentration of monoamine neurotransmitters that can elevate mood. Both have the goal of keeping levels of monoamine neurotransmitters in the brain balanced after birth. Given the need to develop treatments that are compatible with breastfeeding, the intake of dietary supplements of monoamine precursors in the early postpartum period would be a promising strategy to maintain a sufficient balance of monoamines during this time. This includes the administration of precursor supplements such as the amino acids tryptophan and tyrosine, which the body can convert into the neurotransmitters serotonin, norepinephrine, and dopamine, respectively." [Reported June 2010 by Stone Hearth Newsletter; read more at

<http://www.mpg.de/english/illustrationsDocumentation/documentation/pressReleases/2010/pressRelease20100616/>]

C-SECTION BABIES SKIP “THE BACTERIAL SLIDE”

A new study shows that bacteria found on C-section babies just minutes after delivery is drastically different from the bacteria found on babies who are delivered vaginally. The findings pique interest in light of previous research suggesting that babies delivered via cesarean section may be more prone to health complications, such as asthma. But Stanford researcher Elizabeth Costello cautions against jumping to any conclusions. "Those theories relate to the hygiene hypothesis, which posits that the more we restrict our exposure to microbes, the less our immune system understands how to deal with them appropriately." Costello, one of the lead authors of the study, says her research simply shows a difference between the microbes babies are exposed to in the first moments of life, depending on the method by which they were delivered. "Whether or not those differences contribute later on is something that further studies will have to address," she says. [Reported June 2010 by NPR; listen to story and interview w/ Costello on All Things Considered at <http://www.npr.org/templates/player/mediaPlayer.html?action=1&t=1&islist=false&id=128147405&m=128148997> or read at [http://www.scpr.org/news/2010/06/27/study-c-section-babies-skip-the-bacterial-slide/.](http://www.scpr.org/news/2010/06/27/study-c-section-babies-skip-the-bacterial-slide/)]

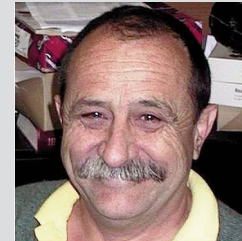
A 15th-century idea of the child's movements in the womb.



Hypnosis in Prenatal and Perinatal Psychology



**August 28, 2010 - Saturday, 9am - 4pm
Lone Mountain, San Francisco, California**



**Continuing Education: 7 hours
(psychologists, counselors, nurses)**

David Chamberlain, PhD, and Tony Madrid, PhD, will be offering a one day workshop that will integrate the use of hypnosis in clinical issues that arise from prenatal and perinatal problems.

Information and registration: <http://www.birthpsychology.com/news/events.html>

Or, contact the office: apppah@aol.com; 707-887-2838

All proceeds from this workshop are being donated to APPPAH to help support the organization's work and mission. If you are interested in conducting a fundraising workshop for APPPAH please contact our Executive Director, Maureen Wolfe apppah@aol.com

Resources of Note

OB/Gyn & Mom of Premies Offers Guidance Borne of Personal & Professional Knowledge

Six years ago, OB/gyn Jennifer Gunter lived the experience of preterm labor as a patient, rather than as the treating physician, which changed her life and her work. Pregnant with triplets, Dr. Gunter lost her son Aidan after he was born at 22 1/2 weeks. She then delivered sons Oliver and Victor at 26 weeks, followed by the months and years of medical and financial stressors common to many parents of premies. Today, Jennifer Gunter shares tips and strategies, as well personal experience with her sons, on her blog and website, www.PremiePrimer.com. [Courtesy of Judy Meehan at the National Healthy Mothers, Healthy Babies Coalition]

Call For Update On FDA Advice On Fish Consumption And Pregnancy

Two experts on brain health have drafted an open letter and an online petition to ask the US Food and Drug Administration (FDA) to update its 2004 advice on fish consumption during pregnancy. According to Professors Thomas Brenna of Cornell University and Michael Crawford of London Metropolitan University, the FDA's advice is out of date and "may be inadvertently causing harm." In their letter they note that the 2004 recommendation that women who are pregnant, lactating or may become pregnant limit their fish consumption to a maximum of 12 ounces of fish per week, due to concerns about methyl-mercury in fish, is no longer consistent with current science. They cite new evidence that consumption of more than 12 ounces per week of most types of fish will actually improve fetal neurodevelopment, in spite of any methyl-mercury present. The letter closes with a call to FDA to complete its work on a draft report that was released in January 2009. Open letter/petition at http://docs.google.com/View?id=df3g99f6_136dq6b84gw. [Courtesy of Judy Meehan at the National Healthy Mothers, Healthy Babies Coalition; Ed. note—Michel Odent wrote about this in *JOPPPAH* in 2004. Stick with APPPAH to stay on the leading edge of research!]

Online CE Program On SIDS Risk Reduction

The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) has launched an online version of the Continuing Education Program on SIDS Risk Reduction for Nurses. The continuing education (CE) module was produced by NICHD in partnership with several nursing organizations, the First Candle-SIDS Alliance, and the National Institute of Nursing Research to provide nurses with information about sudden infant death syndrome and tools to effectively communicate risk-reduction techniques to parents and caregivers. Module available at <http://www.nichd.nih.gov/SIDS/nursececourse/Welcome.aspx>. [Courtesy of Judy Meehan at the National Healthy Mothers, Healthy Babies Coalition]

Conference of Interest

THE 13TH WORLD CONGRESS ON CONTROVERSIES IN OBSTETRICS, GYNECOLOGY & INFERTILITY (COGI) | Maritim Hotel, Berlin, Germany, November 4-7, 2010 | Early registration deadline 7/31/10 | Abstract deadline 6/30/10 | <http://www.comtecmed.com/cogi/berlin/Default.aspx>

APPPAH Web Site Redevelopment Project ~ Phase One Completed!

The APPPAH website has been in need of a redesign for many years, but we did not have the resources to accomplish it. We were at an impasse. And then a rare opportunity presented itself in the form of an innovative and enthusiastic teacher at Santa Rosa Junior College, Linda Hemenway.



Linda Hemenway

Linda provides students in her web design class the opportunity to work with local nonprofits to develop or redesign their websites, and we were very fortunate to be accepted as one of the nonprofits worthy of their help! A team of three students, designer Maggie Gallotti, programmer Heriberto Villanueva, and project manager Roger Johnson, worked tirelessly to implement a functional navigation system and give the website a much-needed “face lift.” (If you haven’t visited the website please check it out: www.birthpsychology.com)



Santa Rosa Junior College, Santa Rosa, California

Due to the enormous amount of content on the APPPAH site, and its lack of an integrated navigation system, it was an extremely challenging task. In fact, the project has been divided into two phases and will continue to be developed and improved during the next class semester. We are very grateful to the Santa Rosa Junior College, Linda, and the students for helping APPPAH accomplish this transformation and look forward to the next phase of development. On behalf of the whole community of APPPAH, a very sincere thank you to Santa Rosa Junior College, Linda Hemenway, and the students!!

Invitation: Join Our Team of JOPPPAH Book Reviewers

Thank you to those who have stepped up to serve as book reviewers for the Journal! There is still the opportunity for a few more: JOPPPAH is looking for interesting folks—those with training, expertise or even just a strong conceptual foothold in the field of prenatal and perinatal psychology—interested in writing book reviews for the Journal. In as many issues as possible, JOPPPAH tries to inform readers in approximately 600–1000 words about what’s being written in the field. This is where you come in: if you love to read and feel inclined to share your thoughts with your peers, do your bit and volunteer to become a book reviewer. You even get to keep the books!

Call Bronwyn at 818–224–0305 or email
jopppah.chambers@gmail.com